Combined Locks Fire & Rescue

Application & Information Packet



Combined Locks Fire & Rescue Firefighter / EMS Application Packet

Combined Locks Fire & Rescue is a volunteer department currently served by approximately 30 volunteer firefighters. The Fire Department typically responds to 30-50 calls for service each year, while the EMS division typically responds to 100-150 calls each year. Calls for service include a variety of requests including, but not limited to, vehicle extrication, water rescue, vehicle and structure fires, gas leaks, accident clean up, carbon monoxide alarms, EMS assistance, fire code inspections and fire prevention education. The Department also responds to requests from our neighboring communities for "mutual aid" which is assistance that we provide for each other when the need for additional personnel or fire apparatus is needed.

The following are some desirable qualities in a firefighter as well as some of the required qualifications:

Qualifications

- United States citizen
- 18 years of age
- Possess a valid Wisconsin driver's license
- Good mental and physical health
- Meet residency requirements as required by Department bylaws

Oualities

- Motivated to serve your community
- Ability to exercise sound judgment
- Effective communication skills
- Ability to work as a team member
- Desire to work hard
- Honesty and integrity

If accepted to the Department, you will be required to attend and pass the State of Wisconsin Firefighter training course within one year of acceptance. You will be required to follow and comply with all Department approved bylaws and standard operating guidelines which include attending a mandatory number of drills to remain in good standing with the Department. EMS applicants will need to pass the National Registry of EMT's testing and become licensed with the state of Wisconsin prior to engaging in any medical call response.

Any questions regarding Combined Locks Fire & Rescue, requirements or the application can be directed to the Village of Combined Locks Fire Chief, Ken Wiedenbauer at clfdems@combinedlocks.org.



Conservation – Protection – Preservation

VILLAGE OF COMBINED LOCKS FIRE & RESCUE APPLICATION

405 Wallace Street Combined Locks, WI 54113 Office: 920-788-7740 Web: www.combinedlocks.org

Fire & EMS Department Email: clfdems@combinedlocks.org

The village of Combined Locks is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS - Please read carefully:

- 1. You must fully and accurately complete the Application.
- 2. Applicants who need assistance in filling out the application should contact the Village Hall.
- 3. Any information intentionally falsified will lead to immediate disqualification from this and any other hiring events.

NAME:	DAYTIME PHONE:		
ADDRESS (STREET):	EVENING PHONE:		
(CITY, STATE, ZIP CODE):	CELL PHONE:		
E-MAIL ADDRESS:			
BIRTHDATE:			
1. Are you a U.S. citizen? [] Yes 2. Have you ever been convicted of a felony? [] Yes	[] No [] No		
If yes for #2 above, please explain:			
Are you available the second and fourth Monday night of each month at 6:30 pm for fire training? [] Yes [] No (EMS Applicants) Are you available for the 3 rd Monday night of each month at 6:30pm for training? [] Yes [] No			
EDUCATION			
DID YOU GRADUATE HIGH SCHOOL? [] Yes	[] No		
If you have not received a high school diploma, have you passed a high school equivalency or GED test? [] Yes [] No			
Describe any education, training, skills or qualifications that may be beneficial to the Fire Department.			

PHYSICAL ABILITIES

*Please note: State Law prohibits the positions.	ose with COPD or known	heart conditions from being	g considered for Firefighter
Do you have any of the following condit	ions? Heart Diseas Epilepsy Emphysema	[] Yes []	No No No
Describe any physical disabilities, limita	tions or restrictions which n	nay interfere with the position	of firefighter.
	EMPLOYME.	NT HISTORY	
List your current or most recent WOR	K experience (paid or volun	teer).	
Position Held: Position Description:			
Employer:	Ac	ldress:	Phone:
Hours Normally Worked:			
Can you leave your place of employme	ent for a fire call?] Yes [] No	
Supervisor:	Da	tes of Employment: From:	To:
May we contact this employer? [] Yes [] No		
List any other relevant job experiences	or qualifications:		
Do you have a valid Driver's License?	[] Yes [] No Driver's License #	
Do you have a valid CDL?] Yes [] No	CDL License #	
	EMERGENCY	Y CONTACTS	
NAME	PHONE	E OR CELL NUMBER	RELATIONSHIP TO YOU
1			
2			
	1		-
REFERENCES: GIVE THE NA LEAST ONE YEAR THAT WE MAY		NOT RELATED TO YOU, V	WHOM YOU HAVE KNOWN AT
NAME	DAYTIME PHONE	HOW ACQUAINTED	YEARS
	OR CELL NUMBER		ACQUAINTED
1			

AUTHORIZATION AND RELEASE

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand
that my application will not be given further consideration if I have provided any false statements or omissions during the
application process. I also understand that if I am employed, any false statements or omissions can lead to immediate dismissal,
and I agree that the Village shall not be held liable in any respect if my employment is terminated for that reason. You are hereby
authorized to verify the information I have supplied and to conduct any investigation of my personal history. I authorize the
companies, schools, and any persons named in this application to give any information requested regarding my employment,
character, and qualifications, and I release, hold harmless and agree to indemnify the Village and the companies, schools, and
persons from or for any liability related to the release of or the failure to release any information. I understand and agree that, if
hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause. I
further understand that employment may be conditioned upon the results of a physical or mental examination and my cooperation
in such process.

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in such process.	
(Signature)	(Date)